

Quick Reference Formulary - MercyCare Select 3-Tier Commercial Formulary

This document is subject to change. The most updated version of this document, as well as a complete formulary listing, are available at www.navitus.com or upon request. Drugs will be filled as generics when acceptable generic equivalents are available. This document is copyrighted by Navitus Health Solutions® and may be reprinted for personal use only. Reproduction of this document for any other reason is expressly prohibited, unless prior written consent is obtained from Navitus.

Reading the Drug List

Generic drugs are listed in all lower case letters. Brand name drugs are listed in all upper case letters. Each drug product is assigned a coverage tier, shown to the right of each drug product.

		Relative Cost to Member
Tier 1	Formulary generics and some lower cost brand products	\$
Tier 2	Formulary, brand products	\$\$
Tier 3	Non-preferred formulary products	\$\$\$

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE (vaginal cream) or more than one form of the drug, e.g. ZOMIG (ZMT). Quantity limits are for prescriptions filled at retail pharmacies. Please consult the complete version of the formulary for mail order quantity limits.

All newly approved drugs on the market will initially NOT be covered, pending further review by the Navitus P&T Committee.

A complete version of the Navitus Formulary, as well as information on prior authorization and clinical programs, are available at www.navitus.com

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

amphetamine/	1
dextroamphetamine tab	
dexamethylphenidate tab	1
guanfacine ER tab	1
methylphenidate tab	1
ADDERALL XR CAP	2
methylphenidate ER cap	2
VYVANSE CAP	2

AMINOGLYCOSIDES

TOBI PODHALER	NC
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ANALGESICS - ANTI-INFLAMMATORY

celecoxib cap	QL	1
diclofenac sodium EC tab		1
diclofenac sodium XR tab		1
ibuprofen tab		1
ketorolac tab	QL	1
meloxicam tab		1
nabumetone tab		1
sulindac tab		1
piroxicam cap		2
diclofenac/ misoprostol DR tab		3

ANALGESICS - OPIOID

acetaminophen/ codeine tab		1
hydrocodone/ acetaminophen tab		1
morphine sulfate ER tab		1
oxycodone/ acetaminophen tab		1
tramadol tab		1
fentanyl patch 100mcg	QL	2
KADIAN CAP	QL	3

ANTIANKXIETY AGENTS

alprazolam tab		1
bupirone tab		1
hydroxyzine tab		1
lorazepam tab		1

ANTIARRHYTHMICS

MULTAQ TAB		2
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ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol/ ipratropium neb soln		1
ARNUITY ELLIPTA INHALER		1
ASMANEX HFA INHALER QL		1
ASMANEX INHALER QL		1
budesonide inh susp		1
FLOVENT DISKUS INHALER	QL	1
FLOVENT HFA INHALER QL		1
ipratropium neb soln		1

montelukast chew tab		1
montelukast tab		1
ADVAIR HFA INHALER QL		2
ANORO ELLIPTA INHALER		2
BREO ELLIPTA INHALER QL		2
COMBIVENT INHALER QL		2
COMBIVENT RESPIMAT QL		2
INHALER		
DULERA INHALER QL		2
INCRUSE ELLIPTA INHALER		2
VENTOLIN HFA INHALER QL		2
PULMICORT FLEXHALER	NC	
QVAR INHALER	NC	
TUDORZA PRESSAIR INHALER	NC	

ANTICOAGULANTS

warfarin tab		1
PRADAXA CAP		2

ANTICONSULSANTS

carbamazepine tab		1
clonazepam tab		1
divalproex sodium DR tab		1
gabapentin cap		1
lamotrigine tab		1
levetiracetam tab		1
phenytoin cap		1
topiramate tab		1
BANZEL TAB	MSP, PA	2
carbamazepine ER tab		2
VIMPAT TAB	MSP, PA, QL	2
lamotrigine ER tab		3

ANTIDEPRESSANTS

fluoxetine cap		\$0
amitriptyline tab		1
bupropion ER tab		1
bupropion XL tab		1
KADIAN CAP		1
citalopram soln		1
citalopram tab		1
duloxetine EC cap		1
escitalopram tab		1
mirtazapine tab		1
nortriptyline cap		1
paroxetine tab		1
sertraline conc		1
sertraline tab		1
trazodone tab		1
venlafaxine ER cap		1
venlafaxine tab		1
NEFAZODONE TAB	QL	2
nefazodone tab 50mg, 250mg	QL	2
venlafaxine ER tab	NC	

ANTIDIABETICS

glipizide ER tab		1
glipizide tab		1
glyburide tab		1
metformin tab		1
pioglitazone tab		1

AVANDAMET TAB		2
BYDUREON PEN INJ	QL	2
FARXIGA TAB	QL	2
JANUMET TAB	QL	2
JANUMET XR TAB	QL	2
JANUVIA TAB	QL	2
LANTUS INJ		2
LANTUS SOLOSTAR INJ		2
LEVEMIR FLEXTOUCH INJ		2
LEVEMIR INJ		2
NOVOLIN 70/ 30 INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R INJ	OTC	2
TOUJEO MAX		2
SOLOSTAR INJ		2
TOUJEO SOLOSTAR INJ		2
TRESIBA FLEXTOUCH INJ		2
VICTOZA INJ	QL	2
AVANDIA TAB		3
ADMELOG INJ, INSULIN LISPRO INJ		NC
BASAGLAR INJ		NC
HUMULIN N INJ	OTC	NC
HUMULIN R INJ	OTC	NC
KOMBIGLYZE XR TAB		NC
ONGLYZA TAB		NC
pioglitazone/ metformin tab		NC

ANTIEMETICS

ondansetron tab		1
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ANTIFUNGALS

fluconazole susp		1
fluconazole tab		1
ketoconazole tab		1
nystatin tab		1
terbinafine tab		1
griseofulvin micro tab		2
griseofulvin susp		2
itraconazole cap	PA	2
voriconazole tab	MSP, RS	2

ANTIHISTAMINES

cetirizine tab	OTC	1
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ANTIHYPERTENSIVES

cholestyramine powder		1
gemfibrozil tab		1
fluvastatin cap		2
TRILIPIX CAP		NC

ANTIHYPERTENSIVES

amlodipine/ benazepril cap		1
benazepril tab		1
bisoprolol/ hydrochlorothiazide tab		1
doxazosin tab		1
enalapril tab		1
enalapril/ hydrochlorothiazide tab		1
irbesartan tab		1

irbesartan/ hydrochlorothiazide tab		1
lisinopril tab		1
lisinopril/ hydrochlorothiazide tab		1
losartan tab		1
losartan/ hydrochlorothiazide tab		1
terazosin cap		1
valsartan tab		1
valsartan/ hydrochlorothiazide tab		1
amlodipine/ valsartan tab		2
benazepril/ hydrochlorothiazide tab		2
candesartan tab		2
metoprolol/ hydrochlorothiazide tab		2
phenoxymbenzamine cap	MSP, PA	2
candesartan/ hydrochlorothiazide tab		NC

ANTI-INFECTIVE AGENTS - MISC.

clindamycin cap		1
erythromycin/ sulfisoxazole susp		1
metronidazole cap		1
metronidazole tab		1
nitrofurantoin monohydrate cap		1
smz/ tmp (DS) tab		1

ANTIMALARIALS

hydroxychloroquine tab		1
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ANTIMYCOBACTERIAL AGENTS

rifampin cap		2
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

anastrozole tab		\$0
tamoxifen tab		\$0
letrozole tab		1
methotrexate tab		1
AFINITOR DISPERZ	MSP, PA, QL, 2 SF	
AFINITOR TAB 10MG	MSP, PA, QL, 2 SF	
bexarotene cap	MSP, PA, SF	2
ERIVEDGE CAP	MSP, PA, SF	2
IMBRUVICA CAP 140MG LD, PA, QL		2

ANTIPARKINSON AGENTS

amantadine cap		1
carbidopa/ levodopa tab		1
ropinirole tab		1
selegiline cap		1
pramipexole ER tab		3
ropinirole ER tab		3

ANTIPSYCHOTICS/ ANTIMANIC AGENTS

NC Not Covered

EXC Plan Exclusion

M Medical Benefit

PA Prior Authorization

SF Limited to two 15 day fills per month for first 3 months

VAC Vaccine Program

generic =small letters

INF Infertility

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

BRANDS =CAPITAL LETTERS

LD Limited Distribution

OTC Over-the-Counter

RS Restricted to Specialist

SP Available through Specialty Pharmacy Program

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aripiprazole tab	1
lithium carbonate cap	1
lithium carbonate tab	1
olanzapine tab	1
quetiapine tab	1
risperidone tab	1
ziprasidone cap	1
clozapine tab	2
olanzapine ODT	2

ANTIVIRALS

acyclovir cap	1
acyclovir susp	1
nevirapine tab	1
valacyclovir tab	1
entecavir tab	MSP, PA 2
FUZEON INJ	MSP 2
PEG-INTRON INJ	MSP 2
PEGASYS INJ	MSP 2
RELENZA DISKHALER	QL 2
zidovudine cap	2

ASSORTED CLASSES

azathioprine tab	1
mycophenolate mofetil tab	1
cyclosporine cap	MSP 2

BETA BLOCKERS

atenolol tab	1
carvedilol tab	1
labetalol tab	1
metoprolol ER tab	1
metoprolol tab	1
propranolol tab	1
BYSTOLIC TAB	2
nadolol tab	2

CALCIUM CHANNEL BLOCKERS

amlodipine tab	1
diltiazem ER cap	1
diltiazem tab	1
felodipine ER tab	1
nifedipine cap	1
nifedipine ER tab	1
verapamil SR tab	1
diltiazem ER tab	2
nisoldipine ER tab	3

CEPHALOSPORINS

cefadroxil cap	1
cefdinir cap	1
cefdinir susp	1
cefprozil susp	1
cefprozil tab	1
cefuroxime susp	1
cephalexin cap	1
cefaclor cap	3
cefepodoxime proxetil tab	3

CONTRACEPTIVES

tri-sprintec tab	\$0
YAZ TAB	NC

CORTICOSTEROIDS

prednisolone soln	1
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COUGH/ COLD/ ALLERGY

guaifenesin/ codeine syrup	OTC, QL 1
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DERMATOLOGICALS

clindamycin gel	1
clotrimazole/	1
betamethasone cream	1
erythromycin gel	1
ketoconazole cream	1
lidocaine/ prilocaine cream	1
mupirocin oint	1
nystatin cream	1

amneesteem cap, claravis	MSP, QL 2
cap, isotretinoin cap,	
myorisan cap, zenatane	
cap	

GENITOURINARY AGENTS - MISCELLANEOUS

calcipotriene cream	PA, QL 2
clindamycin/ benzoyl	2
peroxide gel	
metronidazole cream	2
metronidazole gel	2
pimecrolimus cream	QL 2
tacrolimus oint	PA, QL 2
tretinoin cream	PA, QL 2
tretinoin gel	PA, QL 2
lidocaine patch	QL 3
nystatin/ triamcinolone oint	3
TAZORAC CREAM 0.05% PA, QL	3
adapalene cream	NC
adapalene gel	NC
AZELEX CREAM	NC
ELIDEL CREAM	NC
mupirocin cream	NC
tretinoin microsphere gel	NC
ZOVIRAX OINT	NC

DIAGNOSTIC PRODUCTS

ACCU-CHEK AVIVA	OTC 2
PLUS TEST STRIP	
ACCU-CHEK	OTC 2
SMARTVIEW TEST	
STRIP	
ACCU-CHEK TEST STRIP	OTC 2
FREESTYLE INSULINX	OTC 2
TEST STRIP	
FREESTYLE LITE TEST	OTC 2
STRIP	
FREESTYLE TEST STRIP	OTC 2
POTC	
PRECISION XTRA	OTC 2
KETONE TEST STRIP	
PRECISION XTRA TEST	OTC 2
STRIP	

DIURETICS

amiloride/	1
hydrochlorothiazide tab	
CHLOROTHALIDONE TAB	1
furosemide tab	1
hydrochlorothiazide tab	1
spironolactone tab	1
triamterene/	1
hydrochlorothiazide cap	
triamterene/	1
hydrochlorothiazide tab	
acetazolamide ER cap	2

ENDOCRINE AND METABOLIC AGENTS - MISC.

raloxifene tab	\$0
alendronate tab	1
ibandronate tab 150mg	QL 1
FORTICAL NASAL	2
SPRAY	

ESTROGENS

estradiol patch	1
estradiol tab	1
estradiol/ norethindrone	2
tab	
PREMARIN TAB	2
PREMPHASE TAB,	2
PREMPRO TAB	

FLUOROQUINOLONES

ciprofloxacin tab	1
levofloxacin tab	1
ofloxacin tab	1
moxifloxacin tab	2

GENITOURINARY AGENTS - MISCELLANEOUS

alfuzosin SR tab	1
finasteride tab	1
tamsulosin cap	1

GOUT AGENTS

allopurinol tab	1
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HEMATOLOGICAL AGENTS - MISC.

clopidogrel tab 75mg	1
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HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS

phenobarbital tab	1
temazepam cap 15mg	1
temazepam cap 30mg	1
zaleplon cap	1
ROZEREM TAB	NC

MACROLIDES

azithromycin susp	1
azithromycin tab	1
clarithromycin tab	1
DIFICID TAB	MSP, PA, QL 3

MEDICAL DEVICES AND SUPPLIES

ACCU-CHEK AVIVA	OTC \$0
PLUS METER	
FREESTYLE FREEDOM	OTC \$0
LITE METER	
FREESTYLE LITE METER	OTC \$0
POTC	
PRECISION XTRA	OTC \$0
METER	
B-D INSULIN SYRINGE	OTC 1
B-D PEN NEEDLE	OTC 1
NOVOFINE PEN NEEDLE	OTC 1
NOVOTWIST PEN	OTC 1
NEEDLE	

MIGRAINE PRODUCTS

rizatriptan ODT	QL 1
rizatriptan tab	QL 1
sumatriptan tab	QL 1
naratriptan tab	QL 2
sumatriptan inj	QL 2
sumatriptan vial inj	QL 2
zolmitriptan ODT	QL 2
zolmitriptan tab	QL 2
almotriptan tab	PA, QL 3
acetaminophen/	NC
isometheptene/ dichloral	
cap	

MOUTH/ THROAT/ DENTAL AGENTS

clotrimazole troches	1
nystatin susp	1

MULTIVITAMINS

PRENATAL VITAMINS	1
(PRENATAL PLUS,	
PREPLUS, PRENAPLUS)	

NASAL AGENTS - SYSTEMIC AND TOPICAL

budesonide nasal spray	OTC 1
fluticasone nasal spray	QL 1
flunisolide nasal spray	QL 2
VERAMYST NASAL	NC
SPRAY	

OPHTHALMIC AGENTS

azelastine ophth soln	QL 1
bacitracin/ polymyxin b	QL 1
ophth oint	
ciprofloxacin ophth soln	QL 1
gentamicin ophth soln	QL 1
ketotifen ophth soln	OTC, QL 1
latanoprost ophth soln	QL 1
levofloxacin ophth soln	QL 1

timolol maleate ophth soln	QL 1
tobramycin ophth soln	QL 1
tobramycin/	QL 1
dexamethasone ophth soln	
ALPHAGAN P OPHTH	QL 2
SOLN 0.1%	
AZOPT OPHTH SUSP	QL 2
BETIMOL OPHTH SOLN	QL 2
LUMIGAN OPHTH SOLN	QL 2
PROLENSA OPHTH	QL 2
SOLN	
TOBRADEX OPHTH OINT	QL 2
RESTASIS OPHTH	NC
EMULSION	

OTIC AGENTS

acetic acid otic soln	QL 1
neomycin/ polymixin/	QL 1
hydrocortisone otic susp	
ofloxacin otic soln	QL 1
CIPRO HC OTIC SUSP	QL 3

PENICILLINS

amoxicillin cap	1
amoxicillin/ clavulanate tab	1
penicillin vk tab	1
amoxicillin/ clavulanate ER	3
tab	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

bupropion SR tab	QL, SMKG \$0
CHANTIX PAK	QL, SMKG \$0
CHANTIX TAB	QL, SMKG \$0
nicotine gum	OTC, QL, \$0
	SMKG
nicotine lozenge	OTC, QL, \$0
	SMKG
nicotine patch	OTC, QL, \$0
	SMKG
NICOTROL INHALER	QL, SMKG \$0
NICOTROL NASAL	QL, SMKG \$0
SPRAY	
donepezil ODT	QL 1
donepezil tab	QL 1
galantamine tab	1
memantine tab	1
rivastigmine cap	1
galantamine ER cap	2
NAMENDA XR	2
TITRATION PAK	

TETRACYCLINES

doxycycline hyclate cap	1
minocycline cap	1

THYROID AGENTS

liothyronine tab	1
methimazole tab	1
SYNTHROID TAB	1
THYROLAR TAB	2

ULCER DRUGS

cimetidine tab	1
famotidine tab	1
pantoprazole EC tab	1
famotidine susp	2
rabeprazole EC tab	2
DEXILANT CAP	NC

URINARY ANTISPASMODICS

oxybutynin ER tab	1
oxybutynin tab	1
tolterodine SR cap	QL 2
tolterodine tab	QL 2

VAGINAL PRODUCTS

PREMARIN VAGINAL	2
CREAM	

NC Not Covered generic =small letters BRANDS =CAPITAL LETTERS
 EXC Plan Exclusion INF Infertility LD Limited Distribution
 M Medical Benefit MSP Mandatory Specialty Pharmacy Program OTC Over-the-Counter
 PA Prior Authorization QL Quantity Limit RS Restricted to Specialist
 SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation SP Available through Specialty Pharmacy Program
 VAC Vaccine Program